

**TUBERCULOSIS <sup>1</sup>****(Abstract)****LAWRASON BROWN****Saranac Lake**

Examination of aged persons for symptoms of tuberculosis is important, not only for their good but for the protection of others, especially children in whose care they assist or with whom they are thrown in contact.

Tuberculosis is, in my opinion, due to repeated infections brought about by rather intimate contact with sufferers from the disease. The danger of such infection comes largely from those in whom a diagnosis has not been made. Undiscovered senile tuberculosis is of danger chiefly when its bearer comes into contact with the very young, infants and small children. Every elderly person who cares for babies and children should be repeatedly examined and if they cough or present any symptoms of illbeing, they should be re-examined periodically and frequently. The diagnosis of senile tuberculosis is as difficult as that of childhood tuberculosis. The most modern methods must be employed. Protection of the young should go hand in hand with thoughtfulness for the aged. In any comprehensive scheme for the prevention of tuberculosis provision must be made for those at both extremes of life.

The statistics concerning the frequency of pulmonary tuberculosis in the aged have been revised during the past few decades and consensus of opinion has reverted to the view that tuberculosis is frequent in the aged. A complete routine examination of every old person who cares for children or infants is obligatory.

There are today probably nearly 5,000,000 persons aged 65 years and over in the United States; that is between 4 and 5 per cent. of the population. Probably one out of every 12 dies during the next year which closely approxi-

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made what happens during the first year of life when one out of every ten dies.

What might be termed the accepted view to-day is that in infancy we are most prone to infection, but with advancing age, this tendency decreases until in old age we become more or less immune to new implantations of the tubercle bacillus, but are never totally free from the danger of a relapse of a previous infection or disease.

Lessened resistance to cold leads many old persons to pass most of their lives in closed rooms, and this, coupled with poor food, chronic alcoholism, diabetes and various respiratory infections, may play an important part in the origin of tuberculous diseases. Annual examinations are no less important for old people than for the younger adults, as in childhood tuberculosis, so in the senile type, the symptoms may be slight or misleading. The search for the bacillus must be painstaking and all the improved methods employed.

The aged are supposed to be more resistant to tuberculosis and the prognosis consequently to be better than among the adults. To-day, however, such a statement is questioned. Age in all probability is more important in prognosis than sex; that is, the older the patient, the better the outlook until the age of 80 years is reached. After this age, the prognosis becomes more uncertain, for a respiratory infection such as febrile bronchitis, pneumonia, influenza or grippe, to which the aged are more prone, may awake a slumbering tuberculosis, which may in turn run a rather acute course.